

Massachusetts Department of Public Health Drug Control Program

Prescription Monitoring Program (PMP) Handbook for the Pharmacist and Pharmacy Software Provider

September 16, 2008



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Prescription Monitoring Program Overview

In 1992, the Prescription Monitoring Program (PMP) was created by joint regulations of the Massachusetts Department of Public Health (DPH) Drug Control Program (DCP) and the Massachusetts Board of Registration in Pharmacy (Board) at 105 CMR 700.000 and 247 CMR 5.04, respectively. The PMP receives data on all Schedule II controlled substances dispensed pursuant to a prescription by Massachusetts community pharmacies and all registered Massachusetts health care facilities. Electronic Data Transmission (EDT) refers to the approved methods used to transmit and collect the pharmacy data. Atlantic Associates, Inc. is the vendor contracted by the PMP to collect data from the pharmacies. The collected data are utilized to determine prescribing and dispensing trends; to provide educational information to health care providers and the public; and to provide case information to regulatory and law enforcement agencies concerning drug distribution and potential diversion.

Requirements for Data Submission

All Massachusetts community pharmacies and registered health care facilities dispensing Schedule II controlled substances pursuant to a prescription are required to submit a monthly report to Atlantic Associates, consisting of the data elements described in this document for each Schedule II prescription dispensed.

Data on prescriptions dispensed during any calendar month must be submitted between the 1st and 15th day of the following month (i.e., data for prescriptions dispensed during the month of January must be submitted between February 1, and February 15).

Pharmacies that never fill Schedule II prescriptions must send a letter to Atlantic Associates alerting them to that fact.

Atlantic Associates' contact information is:

Atlantic Associates, Inc.
Prescription Collection
8030 S. Willow Street
Bldg III, UNIT 3
Manchester, NH 03103
(800) 539-3370

Regulatory Changes in 2008

The DCP and Board regulations were amended in calendar year 2008 at 105 CMR 700.000, 105 CMR 701.000, 247 CMR 2.00 and 247 CMR 5.04 to enhance the PMP.

The amendments:

1. Authorize the Department of Public Health to provide dispensing information on Schedule II controlled substances to practitioners and pharmacies for clinical assessment and harm reduction;
2. Require pharmacies to report to the DPH additional information about Schedule II prescriptions to increase utility of the database; and
3. Change the current customer identification provision from a request (good faith effort) to a requirement that positive identification be presented before the dispensing of Schedule II drugs to reduce opportunities for prescription fraud.

For additional details, select the "Prescription Monitoring Program" topic at <http://mass.gov/dph/dcp>

Implementation Schedule for 2008 Amendments

Beginning January 1, 2009, for every Schedule II prescription dispensed, pharmacies will be required to record all the prescription information mandated in the 2008 amended PMP regulations. The requirement for the pharmacy to obtain and record positive identification from the customer also begins on that date.

Effective February 1, 2009, pharmacies will be required to submit to Atlantic Associates all information mandated in the 2008 amended PMP regulations, using the American Society for Automation in Pharmacy 2007 (ASAP 2007) format or, at their option, the ASAP 2005 format.

Please note:

Massachusetts PMP is affording pharmacies the option of reporting either in ASAP 2007 or ASAP 2005 format, depending upon their preference, according to the specifications listed in the Technical Specifications section, starting on page 6.

ASAP 2007 is the PMP preferred format. A description of ASAP 2007 advantages is available by contacting the PMP through e-mail at dcp.dph@state.ma.us.

Individual pharmacies and pharmacy corporations are advised to contact their software providers to discuss which ASAP format to use and to obtain modifications and instructions on compliance with data entry and submission of prescription information.

Software providers are advised to contact Atlantic Associates directly, should they need assistance with acceptance testing or to answer questions regarding submission in the new format – see Atlantic Associate's contact information above.

The PMP will continue to accept data in the ASAP 1997 format until January 31, 2009. After that date, data in the ASAP 1997 format will not be accepted.

Data Entry Clarifications

This section is designed to address those fields that the PMP has determined may require extra guidance to properly enter the data.

Please note:

The names used for data fields in this section may differ from the labels assigned by software providers when they program pharmacy systems.

The comprehensive list of specific data elements that pharmacies are required to submit to the Massachusetts PMP is listed in the *Technical Specifications* of this handbook on page 6.

Pharmacies and pharmacy corporations are advised to consult their software providers regarding the alphanumeric code values, dropdown list choices, and terminology, etc. to use in their data entry screens.

Customer ID

The customer is the person delivering the prescription to the pharmacy or the person receiving the filled prescription. The customer and patient may be the same individual, but not always. For example, the customer may be a parent picking up a prescription for a child, a relative dropping off a prescription for a housebound family member, or a pet owner.

The 2008 PMP amended regulations require the pharmacist to obtain and submit to the PMP ID information from the customer's government issued ID. Obtaining and reporting the customer ID is now mandatory except in the limited circumstances described below in the box labeled *The Only Exception to the Customer ID Requirement*.

Whether the customer ID data are obtained and entered when the person delivers the written prescription to the pharmacy or when the person receives the filled prescription is an operational policy for the pharmacy to determine.

Currently acceptable forms of customer ID are:

- Valid Driver's License
- MA Registry of Motor Vehicles Identification
- Valid Military ID Card
- Valid Passport

The customer ID field must contain only the alphanumeric characters of the ID number that has been issued by the governmental agency. Do not add punctuation marks (e.g., dashes, question marks) or additional information (e.g., MA, SOC SEC, NO CHECKS, MOTHER. LIC#, NH LIC, or any text other than the ID number itself).

For Massachusetts Registry of Motor Vehicles license numbers that begin with the letter "S", please be careful to enter the "S" correctly. Some data submissions to the PMP have the "S" mistakenly entered as a "3" or an "8".

The Only Exception to the Customer ID Requirement

The **only** exception to the Customer ID Requirement is:

On a case-by-case basis a pharmacist is permitted to waive the requirement to show positive ID provided that:

1. The pharmacy has reason to believe that the failure to dispense the controlled substance would result in a serious hardship for the ultimate user or agent of the ultimate user, and
2. The pharmacy documents the reason; and
3. The ultimate user or agent of the ultimate user prints his or her name and address on the reverse side of the prescription and signs his or her name thereto.

When utilizing such a waiver, "*cust signed rx*" will be data entered in the customer ID field rather than leaving the field blank.

Jurisdiction Issuing Customer ID

In accordance with the 2008 amended regulations implementation there is a new data field to identify the jurisdiction issuing the customer ID. For example, "MA" will be entered into this field to indicate a Massachusetts issued ID, or "US" will be entered to indicate a federally issued ID. Pharmacy software providers will distribute the full list of the approved codes for states, Canadian provinces, and other jurisdictions. When the specific jurisdiction is not on the list (for example, most foreign countries are not listed) use the code for *other*.

Customer's Relationship to Patient.

Massachusetts pharmacies are seeing this as a PMP required field for the first time. Rather than requiring pharmacies to choose from a long list of detailed relationships, the PMP only requires one of two codes to be

entered in this field, i.e., the code that indicates the customer is the *patient* or the code that indicates the customer is an *other* person.

Method of Payment

Also new to MA PMP is a field to indicate the method of payment for the prescription. Rather than requiring pharmacies to pick from codes for every possible source of payment, the PMP is simplifying the data entry by providing just two choices. Use only the code for *private pay* or the code for *other*. If any amount of the prescription payment is covered by a third party, use the code for *other* (even if the patient makes a copayment). If the entire amount of the prescription price is paid by the customer or patient, use the code for *private pay*.

Properly Reporting Metric Quantities

Accurate reporting of metric quantities is extremely important. This is essential for data to be analyzed and to be useful for prescribers, pharmacists, regulators, epidemiologists and other stakeholders. Proper reporting of metric quantities becomes even more critical as the Massachusetts PMP moves towards automated processes for sharing data with prescribers and pharmacists.

Consistent and accurate units of measure must be used to report the metric quantity for the specific dosage form for each prescription. Every pharmacy needs to use the appropriate and the same unit of measure for each drug product and its dosage form. Solid oral dosage forms tend to be properly reported since the unit of measure is some number multiple of “each” solid unit dispensed. However, some pharmacies have submitted metric quantities that are outside of the expected ranges. Most of these metric quantities were calculated using improper units of measure, especially for non-solid dosage forms.

General Guidelines for reporting metric quantities in the “Quantity Dispensed” field

To aid in accurate and consistent reporting of metric quantities, the following has been developed using information from the commercial databases most frequently used in pharmacy data entry:

- Use “each” when referring to the following dosage forms: capsule, diaphragm, disc, patch, plaster, suppository, suture, tablet, troche, and wafer.
- Use “mL” when referring to the following dosage forms: aerosol liquids (note: some formulations are powders, use “gm”), elixirs, emulsions, extracts, mouthwash, oils, shampoos, liquid soaps, solutions, sprays, suspensions, syrups, tinctures.

Example: A pharmacist dispensed 1 package of 10 morphine sulfate syringes, each syringe containing 2 mL of 10 mg/mL morphine.

The volume dispensed is 20 mL and the metric quantity reported will be “20”.

- Use “gm” or “mg” when referring to the following dosage forms: aerosol powders (note: some formulations are liquids, use “mL”), creams, crystals, gels, jellies, granules, ointments, powders.

Reporting Compounded Prescriptions

In the field where the National Drug Code [NDC] number is normally entered for the prescription, the pharmacy will either enter (a) the number “9” eleven times i.e., “99999999999,” or (b) an in-house assigned eleven character compound code, provided the first five characters are *nines*.

The specific NDC number, the metric quantity and the unit of measure (gm, mL, or each) of each Schedule II ingredient must also be submitted to the PMP. Pharmacies and pharmacy corporations are advised to consult with their software providers for guidance on how to enter that data.

Technical Specifications

Methods of submission

Data Transmission via Secure FTP

Secure FTP is the preferred submission method.

For more information regarding a Secure FTP submission, please contact Atlantic Associates at (800) 539-3370 or (888) 492-7341, for instructions, user names and passwords.

The file name should be the pharmacy DEA number followed by a date and military time stamp and followed by .TXT in one of the following patterns:

- 'AA9999999_yyyymmdd_hhmm.TXT'

or

- 'AA9999999_yyyymmdd_hhmmss.TXT'

For example, a file sent on August 19, 2009 at 1:01pm would appear similar to

- AP1234567_20090819_1301.TXT

or

- AP1234567_20090819_130103.TXT.

The time and date stamp is included to avert unintended overwrite of files when submitting more than one file for a particular pharmacy.

CD

- CD submitted in ASAP format as ASCII files
- The file name should be the pharmacy DEA number followed by .TXT (ex: AB1234567.TXT)
- Front of disk must contain Pharmacy/Submitter Name, Pharmacy DEA Number and Number of prescriptions.

Diskette

- 3½" Formatted Diskette submitted in ASAP format as ASCII files.
- The file name should be the pharmacy DEA number followed by .TXT (ex: AB1234567.TXT).
- External label must contain Pharmacy/Submitter Name, Pharmacy DEA Number, and Number of prescriptions.

Data Transmission via Modem

See *Data Transmission via Secure FTP* above. An Internet connection is required.

Magnetic Tape

As no pharmacies have submitted in this legacy format for over three years, tape specifications are not being published in this handbook. Please contact Atlantic Associates directly if this format is needed.

Paper/Manual Reporting Forms

Pharmacies reporting fewer than twenty-five Schedule II prescriptions per month, may submit information on DPH approved PMP submission forms available from Atlantic Associates. The forms can be obtained by calling Atlantic Associates' toll-free number (800) 539-3370.

Rejection

Data will be rejected if it does not meet the requirements specified in this document and the layouts and requirements of the approved ASAP standards. Atlantic Associates notify the submitter of the reason the data were not accepted.

Accounting for Submissions

A Program Transmittal Form, available from Atlantic Associates must accompany all submissions by disk(s) or Paper Reporting form (i.e., methods other than electronic on-line transmittal). The pharmacy should retain a copy, and submit the original with the disk(s), or paper form(s).

Regardless of method of submission used, Atlantic Associates will send a postcard or an e-mail confirmation. Pharmacies preferring to receive their notifications via e-mail should send an e-mail to data@aainh.com and put 'MA Email Notifications' in the subject line. Include the e-mail address, pharmacy name, NCPDP number, DEA number and telephone number in the message.

Please rely on the postcard or e-mail confirmation as verification that the data were received.

Assistance and Support

Individual pharmacies are advised to contact their software vendors to obtain modification and instructions on compliance with electronic submissions of prescription information. Atlantic Associates is available to provide assistance and information to individual pharmacies, chain pharmacies, software providers and other entities required to submit data.

Support from Atlantic Associates. is available regarding requirements and technical data that are needed to meet the PMP regulations. Questions concerning interpretations of technical and compliance matters may be referred to Atlantic Associates. In turn Atlantic Associates will consult with the Drug Control Program and the Board or Registration in Pharmacy regarding interpretation of regulations and other matters. The authority for final decisions, including interpretation of regulations, rests with DCP and the Board.

Contact information:

Atlantic Associates, Inc.
Prescription Collection
8030 S. Willow Street
Bldg III, UNIT 3
Manchester, NH 03103
(800) 539-3370

MA PMP ASAP Lists of Required Data Elements

Massachusetts PMP is affording pharmacies the option of reporting either in ASAP 2007 or ASAP 2005 format, depending upon their preference, according to the specifications listed on the following pages.

ASAP 2007 is the PMP preferred format. A description of ASAP 2007 advantages is available by contacting the PMP through e-mail at dcg.dph@state.ma.us.

To improve data integrity and to reduce the possibility of data rejection, software providers are encouraged to incorporate validations based upon ASAP documented data element descriptions and based upon the descriptions in the notes columns in the following pages. For example, it is helpful to validate that:

- Alphanumeric characters are numerals for data elements that have only numeric codes or formats as possibilities (e.g., the Relationship to Patient data element code possibilities are only composed of numerals, and an NCPDP number or an NDC number has only numerals);
- Data entry does not exceed MA PMP maximum permissible data element widths (e.g., NCPDP number is no wider than seven characters even though the ASAP data element has a larger maximum width);
- When a finite list of codes is specified for a particular data element (also taking into account that MA PMP accepts fewer codes than ASAP for some data elements), that only one of those codes is inserted.

Definitions of terms appearing in the Notes column:

“If available” means that the PMP is not requiring the software vendors to modify their systems to include a specific data element, but that should be sent if the field exists in their software.

“When available” means that data element is required but data may legitimately not exist for the data element in a particular record, such as when a person has no middle name.

“If applicable” means data should be populated in specific circumstances. As examples, a DEA suffix is only relevant when the prescriber is intern or resident, and a CDI segment should only be sent for compounded prescriptions.

Required Data Elements if Electing to Use ASAP (2005) Version 3 Release 000*August 31, 2005

For details and examples please consult the ASAP Rules Based Standard Implementation Guide for Prescription Monitoring Programs, Version 003, Release 000. This document is available from American Society for Automation in Pharmacy (www.asapnet.org or phone (610) 825-7783)

This is a character-delimited format. All A/N data elements must be left justified, right blank filled. All N data elements are right justified left zero filled.

Data may be sent in any data element listed below, including those that are "Not used for MA PMP". However, do not use any additional data elements.

The ACK - Acknowledgement segment is not supported at this time.

ASAP 2005			
REF	DATA ELEMENT NAME	REQUIRED FIELDS INDICATOR	NOTES
HEADER SEGMENTS			
Transaction Set Header			
TH01	(ASAP) Version/Release Number	Required by MA PMP	
TH03	Transaction Set Control Number	Required by MA PMP	File name assigned by the sender
TH08	Creation Date	Required by MA PMP	
TH09	Creation Time	Required by MA PMP	
TH10	File Type	Required by MA PMP	
TH12	Composite Element Separator Character		There are no composites used in the MA PMP implementation
TH13	Data Segment Terminator Character	Required by MA PMP	Carriage Return (no line feed) is preferred. Backslash (\) is not preferred because that character sometimes gets data entered into address fields.
Information Source			
IS01	Unique Information Source ID	Required by MA PMP	Telephone number (including area code) of the file sender (e.g., individual pharmacy OR pharmacy chain headquarters if sending for group of pharmacies). This should be the number of a person/office to whom questions about this file should be referred.
IS02	Information Source Entity Name	Required by MA PMP	Name of the pharmacy or the entity submitting this file on behalf of the pharmacy

ASAP 2005

<i>REF</i>	<i>DATA ELEMENT NAME</i>	<i>REQUIRED FIELDS INDICATOR</i>	<i>NOTES</i>
Information Receiver			
IR01	Unique Information Receiver ID	Required by MA PMP	6179836700
IR02	Unique Receiver Entity Name	Required by MA PMP	"MA PMP"
Pharmacy Header			
PHA01	Nat'l Provider Identifier	Required by MA PMP	When available
PHA02	NCPDP Provider Identifier	Required by MA PMP	Seven-digit NCPDP Number
PHA03	(Pharmacy) DEA Number	Required by MA PMP	
PHA04	Pharmacy Name	Required by MA PMP	
PHA05	Address Information 1		Not used for MA PMP
PHA06	Address Information 2		Not used for MA PMP
PHA07	City Address		Not used for MA PMP
PHA08	(Pharmacy) State Address	Required by MA PMP	USPS 2 letter code
PHA09	Zip Code Address		Not used for MA PMP
PHA10	Pharmacy Telephone Number	Required by MA PMP	Include area code
PHA11	Contact Name		Not used for MA PMP
DETAIL SEGMENTS			
Patient Information			
PAT04	Social Security Number		Not used for MA PMP
PAT05	Alternate ID Qualifier		Not used for MA PMP
PAT06	Alternate ID		Not used for MA PMP
PAT07	Last Name	Required by MA PMP	
PAT08	First Name	Required by MA PMP	
PAT09	Middle Name	Required by MA PMP	When available
PAT10	Name Prefix	Required by MA PMP	When available
PAT11	Name Suffix	Required by MA PMP	When available (e.g., Jr.)
PAT12	Address Information 1	Required by MA PMP	
PAT13	Address Information 2	Required by MA PMP	When available
PAT14	City Address	Required by MA PMP	
PAT15	State Address	Required by MA PMP	
PAT16	Zip Code Address	Required by MA PMP	
PAT17	Phone Number		Not used for MA PMP
PAT19	Date of Birth	Required by MA PMP	
PAT20	Gender Code	Required by MA PMP	
PAT27	Drivers License Number		Not used for MA PMP
Prescription Order			
RX03	Prescription Number (assigned by host)		Not used for MA PMP
RX08	Date Written	Required by MA PMP	
RX11	Diagnosis Code Qualifier		Not used for MA PMP

ASAP 2005

REF	DATA ELEMENT NAME	REQUIRED FIELDS INDICATOR	NOTES
RX12	Diagnosis code		Not used for MA PMP
RX20	Refills Authorized	Required by MA PMP	
Dispensing Record			
DSP03	Prescription Number (assigned by pharmacy)	Required by MA PMP	
DSP04	Refill Number	Required by MA PMP	
DSP09	Date Filled	Required by MA PMP	
DSP11	Product ID Qualifier	Required by MA PMP	
DSP12	Product ID	Required by MA PMP	Eleven-digit NDC number For compounds: Use eleven nines. In-house assigned eleven character compound codes are permitted, provided the first five characters are nines. Also, use the CDI segment to report all Schedule II compound ingredients.
DSP14	Quantity Dispensed	Required by MA PMP	Decimals NOT implied For compounds use the first quantity in CDI05
DSP15	Days Supply	Required by MA PMP	No decimals
Prescriber Information			
PRE03	National Provider Identifier (NPI)	Required by MA PMP	When available
PRE04	Prescriber DEA Number	Required by MA PMP	Nine characters (two alpha characters followed by seven digits)
PRE05	DEA Number Suffix	Required by MA PMP	When applicable
PRE06	Prescriber State License Number		Not used for MA PMP
Pharmacist Information			
RPH03	National Provider Identifier (NPI)		Not used for MA PMP
RPH04	Pharmacist State License Number		Not used for MA PMP
RPH06	Last Name (of pharmacist)		Not used for MA PMP
RPH07	First Name (of pharmacist)		Not used for MA PMP
RPH08	Middle Name (of pharmacist)		Not used for MA PMP
Third Party Plans			
PLN04	Classification Code for Plan Type	Required by MA PMP	To indicate how the RX was paid for. Code "01" = Private Pay, "99" = Other

ASAP 2005

<i>REF</i>	<i>DATA ELEMENT NAME</i>	<i>REQUIRED FIELDS INDICATOR</i>	<i>NOTES</i>
			If any fraction of the RX payment is from a third party - even if the patient pays a cash copy - use code "99".
Compound Drug Ingredient Detail			When applicable
CDI01	Compounded Drug ingredient Sequence Number	Required by MA PMP	
CDI02	Product ID Qualifier	Required by MA PMP	Must be NDC Number: Code 01)
CDI03	Compound Ingredient Product ID	Required by MA PMP	Eleven-digit NDC number
CDI05	Compound Ingredient quantity	Required by MA PMP	Decimals NOT implied
Controlled Substance Reporting			
CSR01	State Issuing Rx Serial Number		Not used for MA PMP
CSR02	State Issued Rx Serial Number		Not used for MA PMP
CSR03	ID Qualifier (of person picking up Rx)	Required by MA PMP	
CSR04	ID of Person Picking up Rx (Customer ID)	Required by MA PMP	The pharmacy has the option of using the ID <i>either</i> of the person dropping off or picking up the RX
CSR05	Relationship of Person Picking up Rx	Required by MA PMP	Use only the codes "01" for the patient, or "05" for any other person
CSR06	Last Name of Person Picking up Rx		Not used for MA PMP
CSR07	First Name of Person Picking up Rx		Not used for MA PMP
SUMMARY SEGMENTS			
Pharmacy Trailer			
TP01	Detail Segment Count	Required by MA PMP	Number of Detail Segments for the pharmacy
Transaction Set Trailer			
TT01	Transaction Set Control Number	Required by MA PMP	
TT02	Segment Count	Required by MA PMP	

Required Data Elements if Electing to Use ASAP 2007 Version 004 Release 000*

For details and examples please consult the ASAP Rules Based Standard Implementation Guide for Prescription Monitoring Programs, Version 004, Release 000. This document is available from American Society for Automation in Pharmacy (www.asapnet.org or phone (610) 825-7783)

This is a character-delimited format. All A/N data elements must be left justified, right blank filled. All N data elements are right justified left zero filled.

Data may be sent in any data element listed below, including those that are "Not used for MA PMP". However, do not use any additional data elements.

The ACK - Acknowledgement/Response segment is not supported at this time.

ASAP 2007			
REF	DATA ELEMENT NAME	REQUIRED FIELDS INDICATOR	NOTES
HEADER SEGMENTS			
Transaction Set Header			
TH01	(ASAP) Version/Release Number	Required by MA PMP	
TH02	Transaction Set Control Number	Required by MA PMP	File name assigned by the sender
TH03	Transaction Type	Required by MA PMP	
TH04	Response ID		Used in response transaction only
TH05	Creation Date	Required by MA PMP	
TH06	Creation Time	Required by MA PMP	
TH07	File Type	Required by MA PMP	
TH08	Composite Element Separator Character		There are no composites used in the MA PMP implementation
TH09	Data Segment Terminator Character	Required by MA PMP	Carriage Return (no line feed) is preferred. Backslash (\) is not preferred because that character sometimes gets data entered into address fields.
Information Source			
IS01	Unique Information Source ID	Required by MA PMP	Telephone number (including area code) of the file sender (e.g., individual pharmacy OR pharmacy chain headquarters if sending for group of pharmacies). This should be the number of a person/office to whom questions about this file should be referred.
IS02	Information Source Entity Name	Required by MA PMP	Name of the pharmacy or the entity submitting this file on behalf of the pharmacy
IS03	Message	Required by MA PMP	If available and if applicable

ASAP 2007

<i>REF</i>	<i>DATA ELEMENT NAME</i>	<i>REQUIRED FIELDS INDICATOR</i>	<i>NOTES</i>
Pharmacy Header			
PHA01	National Provider Identifier (NPI)	Required by MA PMP	When available
PHA02	NCPDP/NABP Provider ID	Required by MA PMP	Seven-digit NCPDP Number
PHA03	(Pharmacy) DEA Number	Required by MA PMP	
PHA04	Pharmacy Name	Required by MA PMP	
PHA05	Address Information 1		Not used for MA PMP
PHA06	Address Information 2		Not used for MA PMP
PHA07	City Address		Not used for MA PMP
PHA08	(Pharmacy) State Address	Required by MA PMP	USPS 2 letter code
PHA09	(Pharmacy) Zip Code Address		Not used for MA PMP
PHA10	(Pharmacy) Phone Number	Required by MA PMP	Include area code
PHA11	Contact Name		Not used for MA PMP
PHA12	Chain Site ID		Not used for MA PMP
DETAIL SEGMENTS			
Patient Information			
PAT01	ID Qualifier of Issuing Jurisdiction		Not used for MA PMP
PAT02	ID Qualifier		Not used for MA PMP
PAT03	ID of Patient		Not used for MA PMP
PAT04	Additional ID Qualifier of Issuing Jurisdiction		Not used for MA PMP
PAT05	Additional Patient ID Qualifier		Not used for MA PMP
PAT06	Additional Patient ID Qualifier		Not used for MA PMP
PAT07	Last Name	Required by MA PMP	
PAT08	First Name	Required by MA PMP	
PAT09	Middle Name	Required by MA PMP	When available
PAT10	Name Prefix	Required by MA PMP	When available
PAT11	Name Suffix	Required by MA PMP	When available (e.g., Jr.)
PAT12	Address Information 1	Required by MA PMP	
PAT13	Address Information 2	Required by MA PMP	When available
PAT14	City Address	Required by MA PMP	
PAT15	State Address	Required by MA PMP	
PAT16	Zip Code Address	Required by MA PMP	
PAT17	Phone Number		Not used for MA PMP
PAT18	Date of Birth	Required by MA PMP	
PAT19	Gender Code	Required by MA PMP	
PAT20	Species Code	Required by MA PMP	If available
PAT21	Patient Location Code	Required by MA PMP	
Dispensing Record			
DSP01	Reporting Status		Only used in special batches to report changes to previously submitted RX'S

ASAP 2007

<i>REF</i>	<i>DATA ELEMENT NAME</i>	<i>REQUIRED FIELDS INDICATOR</i>	<i>NOTES</i>
DSP02	Prescription Number	Required by MA PMP	
DSP03	Date Written	Required by MA PMP	
DSP04	Refills Authorized	Required by MA PMP	
DSP05	Date Filled	Required by MA PMP	
DSP06	Refill Number	Required by MA PMP	
DSP07	Product ID Qualifier	Required by MA PMP	Code "01" = NDC, "06" = Compounded RX
DSP08	Product ID	Required by MA PMP	Eleven-digit NDC number For compounds: Use eleven nines. In-house assigned eleven character compound codes are permitted, provided the first five characters are nines. Also, use the CDI segment to report all Schedule II compound ingredients.
DSP09	Quantity Dispensed	Required by MA PMP	Decimals NOT implied For compounds use the first quantity in CDI04
DSP10	Days Supply	Required by MA PMP	No decimals
DSP11	Drug Dosage Units Code	Required by MA PMP	
DSP12	Transmission Form of Rx Origin Code	Required by MA PMP	
DSP13	Partial Fill Indicator	Required by MA PMP	
DSP14	Pharmacist National Provider Identifier (NPI)		Not used for MA PMP
DSP15	Pharmacist State License Number		Not used for MA PMP
DSP16	Classification Code for Payment Type	Required by MA PMP	To indicate how the RX was paid for. Code "01" = Private Pay, "99" = Other If any fraction of the RX payment is from a third party - even if the patient pays a copayment - use code "99".
Prescriber Information			
PRE01	National Provider Identifier (NPI)	Required by MA PMP	When available
PRE02	Prescriber DEA Number	Required by MA PMP	Nine characters (two alpha characters followed by seven digits)
PRE03	DEA Number Suffix	Required by MA PMP	If applicable
PRE04	Prescriber State License Number		Not used for MA PMP
PRE05	(Prescriber) Last Name		Not used for MA PMP
PRE 06	(Prescriber) First Name		Not used for MA PMP
PRE07	(Prescriber) Middle Name		Not used for MA PMP

ASAP 2007

<i>REF</i>	<i>DATA ELEMENT NAME</i>	<i>REQUIRED FIELDS INDICATOR</i>	<i>NOTES</i>
Compound Drug Ingredient Detail			When applicable
CDI01	Compounded Drug ingredient Sequence Number	Required by MA PMP	
CDI02	Product ID Qualifier	Required by MA PMP	Must be NDC Number: Code 01)
CDI03	Compound Ingredient Product ID	Required by MA PMP	Eleven-digit NDC number
CDI04	Compound Ingredient Quantity	Required by MA PMP	Decimals NOT implied
CDI05	Compound Drug Dosage Units Code	Required by MA PMP	
Additional Information Reporting			
AIR01	State issuing Rx Serial Number		Not used for MA PMP
AIR02	State issued Rx serial number		Not used for MA PMP
AIR03	Issuing Jurisdiction (of AIR05 ID)	Required by MA PMP	
AIR04	ID Qualifier of Person Dropping Off or Picking Up Rx	Required by MA PMP	
AIR05	ID of Person Dropping Off or Picking Up Rx (Customer ID)	Required by MA PMP	The pharmacy has the option of using the ID <i>either</i> of the person dropping off or picking up the RX
AIR06	Relationship of Person Dropping Off or Picking Up Rx	Required by MA PMP	Use only the codes "01" for the patient, or "99" for any other person
AIR07	Last Name of Person Dropping Off or Picking up Rx		Not used for MA PMP
AIR08	First Name of Person Dropping Off or Picking up Rx		Not used for MA PMP
AIR09	Last Name or Initials of Pharmacist		Not used for MA PMP
AIR10	First Name of Pharmacist		Not used for MA PMP
SUMMARY SEGMENTS			
Pharmacy Trailer			
TP01 Detail Segment Count	Detail Segment Count	Required by MA PMP	Number of Detail Segments for the pharmacy
Transaction Set Trailer			
TT01 Transaction Control Number	Transaction Set Control Number	Required by MA PMP	

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REF	DATA ELEMENT NAME	REQUIRED FIELDS INDICATOR	NOTES
TT02 Segment Count	Segment Count	Required by MA PMP	